

# HUD 811 Program: Wait List Referral Form

The Georgia Department of Community Affairs (DCA) manages the Wait List for the HUD 811 program in the State of Georgia. DCA relies on the Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Department of Community Health (DCH) and their affiliated agencies to provide marketing, outreach, and referrals to the HUD 811 program. **All interested applicants must be referred to the HUD 811 program by DBHDD, DCH, or by one of the approved support service providers.** For more information concerning how to connect to a support service provider or to review the eligibility requirement for the program, please visit the HUD 811 webpage at <http://www.dca.ga.gov/housing/specialneeds/programs/section811pra.asp>.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Referring Agency: \_\_\_\_\_ Case Manager/Transition Coordinator: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list all household members that will be living in the HUD 811 rental unit. Include live-in aid on this chart.

| Name of Household Member | Relationship to Head of Household (HOH) | Social Security Number | DOB | Age<br>(18 to 62 only) | Sex |
|--------------------------|---|------------------------|-----|------------------------|-----|
|                          | HOH                                     |                        |     |                        |     |
|                          |   |                        |     |                        |     |
|                          |   |                        |     |                        |     |
|                          |   |                        |     |                        |     |

We certify that to the best of our knowledge the individual(s) named above meet the eligible criteria for the HUD 811 Program and they meet the criteria in Items 1 through 4 below. By signing below, the applicant and other adults authorize DCA to order national criminal background screening reports and credit reports on all adults planning to live in the household. By signing below, the applicant, and all adult household members give their consent for DCA to share these reports with your service provider and transition coordinator in order to assist you in preparing for the tenant screening process that will take place once you are referred to an 811 property.

- Ready to Move:** That the individual or household is ready to move and that he or she has the documentation needed to complete a standard rental application.
- Criminal Background:** That the individual or household has no member(s) that:
  - Has ever been convicted of manufacturing or producing methamphetamine on the premises of federally-assisted housing, and/or
  - Is subject to a life-time registration requirement under a State sex offender registration program.
- Income Status:** That the household's income is at or below 30% of the Area Median Income (AMI) for the area where the household wants to live.
- Age:** The eligible disabled applicant is 18 to 62 years of age at the time the application is submitted.

Print Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Other Adult Household Member's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Other Adult Household Member's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agency Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ DBHDD NTP# \_\_\_\_\_

Please indicate up to three Regions where the applicant is interested in living. Indicate up to three Cities preferences. From the HUD 811 Property Inventory, please select up to three properties that your are interested in living at. If you have no preference and will take a referral to any property in the Region(s) selected, just leave the City and Property items blank.

| Regions                      |  |
|------------------------------|--|
| Region 1: Rome               |  |
| Region 2: Augusta/ Macon     |  |
| Region 3: Atlanta            |  |
| Region 4: Albany             |  |
| Region 5: Savannah/Brunswick |  |
| Region 6: Columbus           |  |

| City Preference |  |
|-----------------|--|
| 1               |  |
| 2               |  |
| 3               |  |

| Bedrooms (2 Persons/BR) subject to approval |  |
|---|--|
| 1 BR  |  |
| 2 BR  |  |
| 3 BR  |  |

| Property Preference (See HUD 811 Property Inventory) |  |
|--|--|
| 1  |  |
| 2  |  |
| 3  |  |

| Special Accommodations |                   |
|------------------------|-------------------|
|                        | Wheelchair Access |
|                        | Hearing Impaired  |
|                        | Visually Impaired |
|                        | Live-In Aid       |

Please complete demographic information for client being referred

| Population: Check One |  |
|-----------------------|--|
|                       | Institutionalized  |
|                       | At Risk of Institutionalization                                  |
|                       | Leaving Group Home, Adult Care Home or other residential setting |
|                       | Exiting Foster Care  |
|                       | Other _____  |

| Primary Disability Type: Check One |                          |
|------------------------------------|--------------------------|
|                                    | Physical Disability      |
|                                    | Mental Health Disability |
|                                    | Developmental Disability |
|                                    | Other _____              |

| Referral Source: Check One |  |
|----------------------------|--|
|                            | State/local mental health agency or authority              |
|                            | State/local intellectual/developmental disability agency   |
|                            | State/local aging/adult services agency or authority       |
|                            | State/local child/family agency or authority               |
|                            | Other State/local human services agency or authority       |
|                            | Service provider - mental health                           |
|                            | Service provider - intellectual/developmental disabilities |
|                            | Service provider - center for independent living           |
|                            | Service provider - other                                   |
|                            | Other _____  |

Please scan and email completed form to: **811Waitlist@dca.ga.gov**